

[illegible]

Application Information

Initial 10/25/05

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: FRANCE
Status:: Full Capacity
Given Name:: ALAIN
Middle Name::
Family Name:: LECOMPTE
Name Suffix::
City of Residence:: ANGERS
State or Province of
Residence::
Country of Residence:: FRANCE
Street of Mailing 2 RUE DES FFI, APPARTEMENT 221
Address::
City of Mailing Address:: ANGERS
State or Province of Mailing Address::
Country of Mailing Address:: FRANCE
Postal or Zip Code of Mailing Address:: 49100

Correspondence Information

Correspondence Customer 00466
Number::

Representative Information

Representative Customer	00466
Number::	

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/FR04/50172	4/23/04

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
FRANCE	0305126	4/25/03	Yes

Assignment Information

Assignee Name::

Street of Mailing

Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::